

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received
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Please type or print in ink.		5 5555555 5111 5555
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Perez	Jason	Robert
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
California Public Employees' Re	tirement System	
Division, Board, Department, District, if app	<u> </u>	Your Position
Board of Administration (BOA)		Elected Board Member
► If filing for multiple positions, list below	or on an attachment. (Do not ι	
	·	• ,
Agency:		Position:
2. Jurisdiction of Office (Check at	least one box)	
X State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
Oldio		(Statewide Jurisdiction)
Multi-County		County of
City of		
3. Type of Statement (Check at leas	•	
Annual: The period covered is Janua December 31, 2020.	ary 1, 2020, through	Leaving Office: Date Left/(Check one circle.)
The period covered is December 31, 2020 .	_/, through	 The period covered is January 1, 2020, through the date of leaving office. -or-
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office soug	ht, if different than Part 1:
4. Schedule Summary (must cor	nplete) ► Total numbe	er of pages including this cover page:
Schedules attached	, ,	
Schedule A-1 - Investments – sch	edule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – sche		Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – sch	edule attached	Schedule E - Income – Gifts – Travel Payments – schedule attached
-or- None - No reportable inter	ests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY Document)	STATE ZIP CODE
400 Q Street	,	ramento CA 95811
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
()		
I have used all reasonable diligence in prepherein and in any attached schedules is tr		viewed this statement and to the best of my knowledge the information contained ge this is a public document.
I certify under penalty of perjury under	the laws of the State of Califo	ornia that the foregoing is true and correct.
Date Signed 02/01/2021 12:	19 PM	Signature Electronic Submission
(month, day, year)		(File the originally signed paper statement with your filing official.)